



OLD VALUES - NEW HORIZONS
COMMUNITY DEVELOPMENT
3 North Lowell Rd, Windham, New Hampshire
03087 (603) 432-3806 / Fax (603) 432-7362
www.WindhamNH.gov

Customary Home Occupation Application
Conditional Use Permit

Applicant (if other than owner) _____ **Phone** _____

Applicant Mailing Address _____

Applicant Fax _____ **Applicant Email** _____

Property Owner _____ **Phone** _____

Property Owner Mailing Address _____

Property Owner Fax _____ **Property Owner Email** _____

Tax Map Number: (Map – Block – Lot) ___ - ___ - ___ **Zoning District** _____

Type of Customary Home Occupation _____

Answer (circle Y/N):

1. Will you be hiring any employees? **Y/N** If "Yes" How many FT/PT? _____
2. Will you be completing any exterior renovations or construction? **Y/N**
3. Will you be publicly displaying goods or wares or the exterior storage of material? **Y/N**
4. Will the proposed Customary Home Occupation be clearly incidental and secondary to the residential use? **Y/N**
5. Will the Customary Home Occupation change the character of the neighborhood? **Y/N**
6. Will the Home Occupation Occupy more than 25% of the normal living area of the dwelling? **Y/N**
7. Will the Customary Home Occupation adversely affect neighboring properties, by reason of any unusual signage, lighting, noise, odors, or traffic? **Y/N**
8. Will any additional parking in excess of those necessary for residential purposes be needed? **Y/N**
9. Will any equipment or process be used which creates visual or audible electrical interference in any radio or television receiver off the premises or cause fluctuations in line voltage off the premises? **Y/N**

***If the answer is "YES" to any of the items 1-9 provide additional info on a separate page.**

Provide the following (check):

- Abutter List and 2 Sets of mailing Labels
- Is there an adequate water supply to meet the needs of the Home Occupation? ** Y/N
- Is there an adequate sewage disposal system to meet the needs of the Home Occupation? ** Y/N
- A site plan detailing the location of driveway entrances

****If "Yes" provide copy of well and septic plans. If "No" explain how this will be addressed.**

Completed Applications will be scheduled for a public hearing and review by the Planning Board. Planning Board Approval is required before a Conditional Use Permit will be issued.

By signing, I am affirming that I understand that I am applying for a Customary Home Occupation Conditional Use Permit. All application information is accurate to the best of my knowledge.

Applicant Signature	Date	Property Owner Signature	Date
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Staff Use Only

Received by _____ Date _____
See adopted fee sheet for required fee amounts **Check No.** _____

Planning Board Case Number _____ Date of Planning Board Public Hearing _____